

Medical Release for Treatment of a Minor

National Aeronautics and
Space Administration



This form is subject to the Privacy Act of 1974.

The consent form will be filed with the individual's medical record at the time service is rendered. While completion of this form is voluntary, any medical care (other than emergency) will be withheld without the appropriate signatures.

PROGRAM: Check One

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S.H.A.R.P.

☐

Student Volunteer

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Student Aide

☐

Other: _____

I hereby authorize the Marshall Space Flight Center (MSFC) Medical Center and such physician or physicians in charge of the care of the minor listed below, to furnish medical care, including physical examinations and emergency treatment, within the capabilities of the MSFC Medical Center as provided to MSFC personnel.

Name of Minor: (Printed)

Date of Birth:

Minor's Signature:

Date Signed:

Parent or Legal Guardian (Printed):

Date Signed:

Parent or Legal Guardian Signature:

Date Signed:

Witness Signature:

Date Signed:

Written consent of parent or legal guardian shall be obtained prior to treatment of minors. State law shall govern in establishing the legal age (Alabama's age of majority is 19). This covers the part-time students employed under provisions of the Special Programs Authority.

MSFC Program Coordinator: _____ Phone: _____